

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 01/0820190
APPLICANT'S NAME

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	29					
TOTAL DEP.	29					
TOTAL CLAIMS	29					

51	IND.	DEP.	IND.	DEP.	IND.	DEP.
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